



City of Oroville

Building Division - Community Development Department

1735 Montgomery Street
Oroville, CA 95965-4897
(530) 538-2401 – FAX (530) 538-2426
www.cityoforoville.org

SUBCONTRACTORS LIST

State Law requires that employers provide workers' compensation insurance. No contractor or subcontractor who falls under section 3800 of the labor code shall start work within the city without first having on file with the city Building Department a certified copy of workers' compensation insurance naming the City of Oroville as certificate holder.

This list of subcontractors shall be submitted with the building permit application, or before any work may commence. All information must be included and legible. It shall be the responsibility of the property owner or general contractor to provide this information. Failure to do so may result in permit revocation or denial of building inspection requests.

LABOR CODE SECTION 3800

3800. (a) Every county or city which requires the issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for the permit sign a declaration under penalty of perjury verifying workers' compensation coverage or exemption from coverage, as required by Section 19825 of the Health and Safety Code. (b) At the time of permit issuance, contractors shall show their valid workers' compensation insurance certificate, or the city or county may verify the workers' compensation coverage by electronic means.

PROJECT ADDRESS: _____ **Trakit Permit #** _____

General Contractor: _____ **Phone:** _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Framing Contractor: _____ **Phone:** _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Plumbing Contractor: _____ **Phone:** _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Electrical Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Mechanical Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Roofing Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Insulation Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Drywall Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Other Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Other Contractor: _____ Phone: _____

Address: _____

State Contractor's license #: _____ City License #: _____ Type: _____
Worker's compensation required? Y N Certificate provided? Y N

Attach additional sheets if needed